The transformation of German academic medicine 1750–1820

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CONTENTS

INTRODUCTION

In recent years, the professions have been a subject of growing fascination for historians and sociologists. The reasons are not difficult to find. Talcott Parsons may have overstated the centrality of the professions when he claimed in 1968 that they were "the most important single component" in modern society,[1] but there is no denying the prominent position occupied by professional "experts" of various stripes. One has only to take in the nightly news broadcast on public television, where it seems that nearly every matter of current interest is rendered as a debate between experts, to appreciate the role they play in our world. Or consider that in 1993, when Hillary Rodham Clinton began putting together a proposal for reforming America's health care system, her first act was to gather together a group of professional experts on various aspects of health care to discuss the framework of such a plan. It is not that fundamental political and ideological issues – such as the desirability of guaranteeing medical care to every citizen – were thereby rendered meaningless or unimportant in the face of such consultations. But the political questions were shaped in significant ways by what those experts had to say about the way the world is.

The reference to medicine is an appropriate one, because in one sense this book is about the origins of the modern medical profession. Put that way, of course, the project sounds a little grandiose. I do not pretend that this book will represent a synthesis of the kind offered by Paul Starr's *The Social Transformation of American Medicine* (1982), or Magali Sarfatti Larson's *The Rise of Professionalism* (1977). Mine is a more modest study of medicine in Germany from 1750 to 1820, with special emphasis on the role of universities in constituting professional identity. Yet I believe this book does offer a new perspective on the historical origins of the modern medical profession by using its case study to call into question the standard model of "professionalization," the historical process by which it is commonly understood that professions acquired their modern form. In providing this new perspective, I want to throw light upon and reexamine certain assumptions about

1 Gerald L. Geison, "Introduction," in *Professions and the French State, 1700–1900*, ed. Gerald L. Geison (Philadelphia, 1984), p. 2.

what a profession is that have guided not only histories of professionalization, but also much of the recent writing in social history of medicine. Thus, instead of presenting Germany as an alternative to France or somewhere else as the wellspring of the modern medical profession, I seek to ask some more basic questions about what a "modern" profession actually is and how it came into being.

In its general outline, the usual story of the professionalization of medicine runs like this: prior to some time in the nineteenth century, physicians – which for my purposes means exclusively holders of the doctor of medicine degree – were an occupational group hard pressed to establish themselves comfortably in society. Besieged by a host of competitors, such as surgeons, midwives, apothecaries, and anybody else who treated illness for remuneration, and hampered by their lack of the modern scientific tools of diagnosis and treatment, physicians represented a minor and not particularly well-respected group of healers. However, three important nineteenth-century developments would change this situation. First, the growth of the modern bureaucratic state created an authority to which physicians and other professional groups could appeal for effective legal sanctions against unlicensed practice. Such sanctions, of course, had filled legal codices since the Middle Ages, but only after 1800 did states begin to develop the enforcement apparatus that would make them effective to any considerable degree. Second, the advance of industrialization and the consequent growth of urban centers in a host of countries disrupted traditional patterns of community life that had supported the kinds of medical practice so characteristic of early modern society. In place of the trust and personal acquaintance that had been the mainstays of the exchange of services in the preindustrial world, people came to rely ever more on experts, creatures whose legitimacy depended on institutions (such as universities and licensing boards) empowered by government and society to create such beings. Third, the rapid advance of scientific knowledge during the nineteenth century increased physicians' efficacy at the bedside, which lent them new prestige and authority.[2]

In each of its guiding themes – the growth of state power, the processes of urbanization and industrialization, and the expansion of scientific knowledge – the standard history of professionalization reveals its deep affinity with stories about the emergence of "modernity" in the nineteenth century. As a story about modernization, professionalization requires the existence of a social structure resembling the one we now know. Thus modernization often begins (in Europe) with the French Revolution, which conventionally is taken to have wiped away much of the residue of an older social order. The extent to which the Revolution failed to accomplish this in Germany, of course, becomes the basis for explaining why Germany strayed off the path to modernity and onto the road leading to totalitarianism and national socialism. It also becomes the basis for assessing the

2 It goes almost without saying that national variations from this standard narrative can be considerable. But even those countries that deviate the most from it in terms of when various stages were reached nonetheless display a considerable conformity with the basic pattern.

"delayed" modernization of German science and medicine. But as has been argued most powerfully by Blackbourn and Eley, models of modernization are not terribly informative in studying German history.[3] And as I hope to show here, the "peculiarities" of the German situation gave rise to their own dynamic of professional change.

In any case, one problem with casting the history of professions as a modernization story is that the telos that shapes the story can be read back into history as a kind of unseen hand that motivates the action. Thus when historians have reached back beyond the French Revolution to study the eighteenth-century professions, they have often carried assumptions about the modern professions back into the earlier era. The most important of these assumptions is what I call a "functionalist" conception of the professions. By this I mean that the professions are described essentially as a kind of work, healing in the case of medicine, and the major features of interest are the institutions, legal structures, and social rewards that attend such work. This kind of approach is quite prominent among sociologists of the professions. Eliot Freidson, whose work on the sociology of medicine has more or less defined the field for a quarter century, invoked this occupational frame of reference when he described contemporary Anglo-American professions as groups whose social prestige depends on "their training and identity as particular, corporately organized occupations to which specialized knowledge, ethicality and importance to society are imputed, and for which privilege is claimed."[4] Freidson's definition, while placing professions in a complex fabric of the social organization of work as well as intellectual and cultural beliefs, nonetheless treats them functionally as parts of a particular kind of social mechanism or system.[5]

Historians of medicine, too, have paid considerable attention to healing as social practice. This interpretive angle became a self-conscious historiographic program in the late 1970s, in reaction against a medical historiography attacked by critics as self-serving and too centered on the triumphal progress of medical science.[6] Charles Webster and Margaret Pelling, in discussing the history of medicine in Britain, called for studies of the social dynamics of health care that would encompass the entire scope of such services and ignore polemical or self-interested distinctions between "legitimate" practitioners and "quacks" or "charlatans."[7]

3 David Blackbourn and Geoff Eley, *The Peculiarities of German History* (Oxford, 1984).

4 Eliot Freidson, "The Theory of Professions: State of the Art," in *The Sociology of the Professions*, ed. Robert Dingwall and Philip Lewis (New York, 1983), p. 25.

5 For other recent work on the sociology of the professions, see Andrew Abbott, *The System of Professions* (Chicago, 1988); Rolf Torstendahl and Michael Burrage (eds.), *The Formation of Professions: Knowledge, State and Strategy* (London, 1990); Rolf Torstendahl and Michael Burrage (eds.), *The Professions in History and Theory* (London, 1990); and Thomas L. Haskell (ed.), *The Authority of Experts: Studies in History and Theory* (Bloomington, Ind., 1984).

6 For a particularly vigorous statement of this position, see John Woodward and David Richards, "Towards a Social History of Medicine," in *Health Care and Popular Medicine in Nineteenth Century England*, ed. John Woodward and David Richards (London, 1977), pp. 15–55.

7 Margaret Pelling and Charles Webster, "Medical Practitioners," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge, 1979), pp. 165–235.

From a similar perspective, Susan Reverby and David Rosner called for the historiography of American medicine to move away from the history of great doctors and their discoveries. Deliberately allying themselves with Henry Sigerist's socialist politics – while conveniently downplaying Sigerist's own considerable attachment to a triumphalist history of medical science – Reverby and Rosner called for attention to "the social and political responses to disease, the social epidemiology of health and illness, the changing legitimation and importance of professionalism, the ideological and social control aspects of medicine, and the social role of health care institutions."[8] A short time thereafter, Roy Porter began popularizing the metaphor of early modern health care as a consumer-driven marketplace overflowing with providers competing for economic advantage (or mere survival).[9]

The first German scholars to adopt this approach came from outside the traditional domain of medical history. In the early 1980s, two doctoral students at the University of Bielefeld, Claudia Huerkamp and Ute Frevert, wrote dissertations on the history of medicine that broke significant new ground. Influenced by Jürgen Kocka, whose own interests centered on the social history of the educated middle class (*Bildungsbürgertum*), both Frevert and Huerkamp treated their subject as case studies in the history of the *Bildungsbürgertum*. Frevert's study dealt with the "politicization" of health and illness in the late eighteenth and nineteenth centuries, a process she illustrated with examinations of the "medicalization" of poverty at the end of the eighteenth century and the introduction of health insurance in the second half of the nineteenth century.[10] Huerkamp's book based itself more self-consciously on the Anglo-American literature on professionalization, and told the story of the formation of a modern medical profession in Prussia in the nineteenth century.[11] More recently, scholars such as Sabine Sander, Robert Jütte,

8 Susan Reverby and David Rosner (eds.), *Health Care in America: Essays in Social History* (Philadelphia, 1979), quoted on pp. 3–4. It should be noted that Reverby and Rosner's polemics came at a time when there already existed a considerable literature on the "social history" of American medicine, broadly construed. For a discussion see Ronald L. Numbers, "The History of American Medicine: A Field in Ferment," *Reviews in American History* 10 (1982): 245–63.

9 Roy Porter, "William Hunter: A Surgeon and a Gentleman," in *William Hunter and the Eighteenth-Century Medical World*, ed. W. F. Bynum and Roy Porter (Cambridge, 1988), pp. 7–34; Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford, Calif., 1989), pp. 16–22; and Roy Porter, *Health for Sale: Quackery in England 1660–1850* (Manchester, 1989).

10 Ute Frevert, *Krankheit als politisches Problem 1770–1830. Soziale Unterschichten in Preußen zwischen medizinischer Polizei und staatlicher Sozialversicherung* (Göttingen, 1984). For an extensive critique of Frevert, see Francisca Loetz, *Vom Kranken zum Patienten: "Medikalisierung" und medizinische Vergesellschaftung am Beispiel Badens 1750–1850* (Stuttgart, 1993), esp. chap. 1. Loetz argues (correctly, I think) that Frevert's treatment of "medicalization," which draws heavily upon the work of Michel Foucault and Jean-Pierre Goubert, misconstrues medicalization as fundamentally a process of state-sponsored professional control.

11 Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens* (Göttingen, 1985). See also Huerkamp, "Ärzte und Professionalisierung in Deutschland. Überlegungen zum Wandel des Arztberufs im 19. Jahrhundert," *Geschichte und*

and Francisca Loetz have followed a line more closely resembling the English-language historiography. Their work is less concerned with social theory than it is with presenting detailed studies of health care at the local level.[12]

This approach to the social history of medicine has opened vast new areas of historical experience to scholars. At its best, for example in Hilary Marland's description of the institutions and providers of health care in the two English towns of Huddersfield and Wakefield between 1780 and 1870, or in Irvine Loudon's monograph on the "general practitioner" in England, it can present detailed analyses in a richly elaborated social context.[13] Sander's study of surgeons in Württemberg has the same virtues, and it is hardly an exaggeration to say that Frevert's and Huerkamp's books have powerfully influenced the historiography of German medicine. Yet when historians have turned to study of the medical professions as an early modern social category, they have fashioned an image deeply colored by their functionalist assumptions about what a profession is. For example, Pelling surely exaggerated the case when she dismissed early modern English doctors of medicine as a "small group" of healers whose importance had been vastly inflated by a whiggish historiographic tradition.[14] Physicians may indeed have been unimportant in terms of the overall performance of healing in English society. But if physicians were really so indistinguishable from other healers, as Pelling wants to argue, then we might well wonder that anyone could be so dull as to spend so much time and money acquiring what amounted to a worthless degree. Questions such as these open the door to the complex problem of what professional identity meant in early modern Europe.[15]

In the newer German historiography, meanwhile, an even stronger functionalist mentality has ruled. Frevert's bleak portrait of physicians deliberately seeking to professionalize as a means of gaining authority over their patron-patients and eliminating economic competition from other healers has become the unquestioned standard for describing the profession's situation at the end of the eigh-

Gesellschaft 6 (1980): 349–82, which illustrates her reliance on the work of Anglo-American sociologists such as Eliot Freidson and Magali Sarfatti Larson. For an English-language synopsis, see Huerkamp, "The Making of the Medical Profession, 1800–1914: Prussian Doctors in the Nineteenth Century," in *German Professions, 1800–1950,* ed. Geoffrey Cocks and Konrad Jarausch (Oxford, 1990), pp. 66–84.

12 Sabine Sander, *Handwerkschirurgen: Sozialgeschichte einer verdrängten Berufsgruppe* (Göttingen, 1989); Robert Jütte, *Ärzte, Heiler und Patienten: Medizinischer Alltag in der frühen Neuzeit* (Munich, 1991); and Loetz, *Vom Kranken zum Patienten.* Loetz's book represents a middle position between Sander and Frevert. It attempts both to offer a detailed social history and to interpret the narrative in terms of a revised understanding of medicalization.

13 Hilary Marland, *Medicine and Society in Wakefield and Huddersfield 1780–1870* (Cambridge, 1987); and Irvine Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford, 1986).

14 Margaret Pelling, "Medical Practice in Early Modern England: Trade or Profession?" in *The Professions in Early Modern England,* ed. Wilfred Prest (London, 1987), pp. 90–128.

15 Even in England, Lisa Rosner has argued, university credentials and other kinds of official recognition made a difference to medical practitioners and patients. See Lisa Rosner, *Medical Education in the Age of Improvement: Edinburgh Students and Apprentices 1760–1826* (Edinburgh, 1991), p. 22.

teenth century.[16] According to this view, physicians attempted to broaden the market for their services by using the new periodical media to offer a range of expert advice. At the same time, their advocacy of increased government involvement in medical police worked toward the elimination of the profession's competitors.[17] This picture is deeply misleading on two grounds. First, it paints an excessively negative picture of physicians' situation. It is certainly true that physicians complained loudly and repeatedly about the handicaps they faced. But if we pay attention to aspects of professional life other than bedside practice, their situation looks brighter by several degrees. Second, Frevert's picture misrepresents what physicians *did* want changed. To conclude that their programmatics amounted to a call for "professionalization" is nothing less than to import a distinctively modern sensibility into the minds of people who lived in different circumstances from those of modern professions.[18]

It seems to me that both Pelling's and Frevert's claims about early modern physicians arise from the same problem: the inappropriateness of applying the criteria of modern professionalism to its early modern version.[19] One response to this difficulty would be simply to deny that a medical "profession" existed before the nineteenth century, a position taken by Freidson.[20] Pelling seems to hold a similar view: Although there may indeed have been something called a "profession of medicine" in sixteenth- and seventeenth-century England, it was not an especially significant category in terms of what that society looked like and how health care was provided. But there is another way to approach the issue. Instead of letting the characteristics of modern professions be the grounds for denying the existence or the importance of early modern professions, we might ask instead what the early modern professions *were* and how they thought of themselves and were thought of by their contemporaries.

One widely agreed-upon criterion of professionalism in the early modern period has been that of gentility. Writing about English professions, Wilfred Prest described them as "all nonmercantile occupations followed by persons claiming gentility," a definition broadly similar to the one used by Geoffrey Holmes in his

16 Frevert, *Krankheit als politisches Problem*, pp. 36–44; Huerkamp, *Der Aufstieg der Ärzte*, pp. 22–34; and Nelly Tsouyopoulos, "The Influence of John Brown's Ideas in Germany," in *Brunonianism in Britain and Europe*, ed. W. F. Bynum and Roy Porter (London 1988), p. 63–74.

17 Despite her vigorous criticism of Frevert on other points, Loetz agrees with her in this respect. See Loetz, *Vom Kranken zum Patienten*, pp. 73–87.

18 For a more nuanced presentation of the professional situation of M.D.s in early modern Germany, see Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (forthcoming fall 1996, Johns Hopkins Univ. Press).

19 A list of those criteria usually runs: (1) specialized and advanced education, (2) a code of conduct or ethics, (3) competency tests leading to licensing, (4) high social prestige in comparison to manual labor, (5) monopolization of the market in services, and (6) considerable autonomy in conduct of professional affairs.

20 Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York, 1970), pp. 3–12. Freidson, it must be noted, was not attempting to provide a history of the medical profession or an account of professionalization. Rather he was using medicine's past to highlight certain aspects of the contemporary profession.

study of professions in Augustan England.[21] This, however, makes the category of "profession" a very broad one indeed. Prest himself acknowledged as much, pointing out that such professions in England "would include (just to begin with the letter 'a') accountants, actuaries, and architects."[22] Although agreeing that gentility was crucial to professional stature, I would like to narrow the range of professions considerably by tying professional status to possession of a degree from one of the university faculties of theology, law, or medicine. This very minimalist definition, comprising only the hoary trinity of medieval professions, can certainly be criticized as too narrow. But it has at least two virtues. First, it throws a spotlight on the meaning of a university degree and universities as institutions in the constitution of professional identity and authority. Moreover, for those who are weary of wrangling over just which groups were or were not professions, it has the advantage of calling "professions" only those occupations that nearly everyone would agree belong in the category.

By emphasizing the importance of a university degree in conferring professional status, we have already begun moving away from a functionalist view of the professions to one that I believe better captures physicians' place in early modern society. Put succinctly, I would argue that belonging to a profession like medicine in early modern Europe did not so much define a particular kind of *work* as it characterized a particular kind of *person*. As Steven Turner has written with respect to the learned professions in eighteenth-century Germany, possession of a university degree allowed its holder to claim membership in a social elite of learned gentlemen (*Gelehrtenstand*). It is essential to understand that such claims by the *Gelehrtenstand* to social distinction did not rest primarily upon their store of expert knowledge or its application in socially useful work.[23] It depended rather on the professional man's immersion in ancient literature, his Latin eloquence, and the broad erudition that defined him as an educated man in the humanist culture shared by himself and his patrons and patients. Harold Cook's work on the English medical profession in the seventeenth century has similarly emphasized the physician's gentlemanly character and his position as learned advisor to his patients.[24]

In this world, one of the crucial determinants of social position was a person's proximity to the center of authority. Patronage therefore mattered a great deal to making a successful professional career. And it is precisely here, when talking

21 Wilfred Prest, "Introduction: The Professions and Society in Early Modern England," in Prest, *Professions*, pp. 1–24, quoted on p. 17; Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680–1730* (London, 1982), pp. 7–8.

22 Prest, "Introduction," pp. 14–15. Prest might have included with his "a's" army officers, a profession described at length by Holmes.

23 R. Steven Turner, "The *Bildungsbürgertum* and the Learned Professions in Prussia, 1770–1830: The Origins of a Class," *Social History/Histoire Sociale* 18 (1980): 105–35.

24 Harold J. Cook, "Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians," *Journal of British Studies* 33 (1994): 1–31; and idem, "The New Philosophy and Medicine in Seventeenth-Century England," in *Reappraisals of the Scientific Revolution*, ed. David C. Lindberg and Robert S. Westman (Cambridge, 1990), pp. 397–436.

about patronage, that we face the greatest danger of falling into an overly functionalist view of the professions. Patronage was neither a necessary evil with which physicians as protoscientific experts had to contend, nor was it dependent primarily on the physician's skills as a healer.[25] To be sure, the care and healing of a suitably influential patient often turned out to have happy consequences for the physician as well. But patronage could be extended for a host of other reasons too: reward for personal service or established family loyalty, displays of courtly majesty and munificence, even simple bribery. As Colin Jones has written in his wonderful account of the *médecins du roi* in France at the end of the old regime, "neither scientific standing nor even prowess as a practitioner" were necessary for appointment as the king's *premier médecin,* nor, one would assume, for any of the other several dozen medical posts in the royal household.[26] Of course these physicians were installed to function as healers. But they also were simply *there* as part of the spectacle of royal display. Court physicians functioned in other interesting ways as well. As described recently by Bruce Moran and Pamela Smith, German princes often extended patronage to physicians who doubled as ambassadors or administrators, or whose alchemical skills or commercial acumen promised monetary reward.[27]

If this brief portrait accurately captures the early modern medical profession, then we now must ask what happened to transform this assortment of gentlemanly *erudits,* advisors, scholars, court favorites, alchemists, hangers-on, and yes, healers, into the modern scientific experts we know today. The "early modern" and "modern" professions appear to be facing each other across a great chronological

25 It has become common currency among historians and sociologists that members of professions chafed under the system of social deference and patronage in which they lived and worked. Physicians, it is said, resented the fact that socially superior patients "dominated" their relationship over the more technically expert physicians, and therefore the latter sought to professionalize as a way of reversing this situation. An extremely influential version of this thesis stressing the role of hospitals in changing the doctor/patient relationship is Ivan Waddington, "The Role of the Hospital in the Development of Modern Medicine: A Sociological Analysis," *Sociology* 7 (1973): 211–24. Although physicians did complain repeatedly about patients' unwillingness to cooperate in carrying out prescribed treatments and patients' demands that the physician "do something," such complaints do not obviously reflect social resentments or a desire on the part of physicians for "liberation" from deference. At least in German Central Europe, the world of eighteenth-century physicians was so deeply structured by social hierarchy – and indeed their ambitions were so thoroughly intertwined with those same hierarchies – that we must be careful about treating this form of social organization as an obstacle in the path of professional progress.

26 Colin Jones, "The *Médecins du Roi* at the End of the *Ancien Régime* and in the French Revolution," in *Medicine at the Courts of Europe,* ed. Vivian Nutton (London, 1990), pp. 209–61, quoted on p. 217.

27 Bruce T. Moran, *The Alchemical World of the German Court: Occult Philosophy and Chemical Medicine in the Circle of Moritz of Hessen (1572–1632),* Sudhoffs Archiv Beihefte, Heft 29 (Stuttgart, 1991); idem, "Prince-Practitioning and the Direction of Medical Roles at the German Court: Maurice of Hesse-Kassel and his Physicians," in Nutton, *Medicine at the Courts of Europe,* pp. 95–116; and idem, "Patronage and Institutions: Courts, Universities, and Academies in Germany; an Overview: 1550–1750," in *Patronage and Institutions: Science, Technology, and Medicine at the European Court 1500–1750,* ed. Bruce T. Moran (Rochester, N.Y., 1991), pp. 169–183; Pamela H. Smith, "Alchemy as a Language of Mediation at the Habsburg Court," *Isis* 85 (1994): 1–25.

and conceptual chasm, a chasm effectively accepted as real by much recent historiography. Historians of French medicine, most recently Toby Gelfand and Matthew Ramsey, have taken the structural upheavals of the French Revolution as providing a clean break from which a modern profession would emerge.[28] The passage of the Apothecaries Act (1815) does the same kind of work in Great Britain, effectively "deprivileging" academically trained physicians by licensing surgeon-apothecaries for general practice, and creating the conditions in which a new profession could develop.[29] Finally, in Germany the breakup of the Holy Roman Empire in 1806 and the creation of the new "Humboldtian" university of Berlin in 1810 performs the same historiographic service.

This book treats the question of how the "older" medical profession changed into the "modern" one not as a problem of discontinuity, but rather as the transformation of a continuously existing elite. My central point is that the modern profession did not arise from the ruins of the old regime. Instead, it developed out of the adaptation of an established elite to new circumstances. To make this case, I will first locate university-educated physicians in their social and cultural context, a world in which bedside practice was but one facet of a complex identity (Chapter 1). The first crucial step in changing that world took place with the introduction of Enlightenment ideology during the second half of the eighteenth century, an ideology of utilitarian knowledge that began to break down physicians' corporate identity, forcing them to articulate a new vision of professionalism (Chapter 2). This movement toward a new professional identity was a long and not particularly placid process, as will be obvious when we turn to *Naturphilosophie* and Brunonianism, two contentious intellectual programs of the 1790s. The disagreements surrounding those two movements lent professional discourse a considerable measure of heat during the 1790s and 1800s, and in those disputes we can detect a profession attempting to find its place in the new political and cultural order of the dawning nineteenth century (Chapters 3–5). By the 1820s, when my story ends, that process of constructing a new professional identity had by no means ended. As we will see, however, some of its crucial foundations had been laid (Chapter 6).

This development in professional identity will be traced from a number of perspectives, but for my purposes two stand out as especially significant. The first of these is the emergence of a discourse of theory and practice. In my view, the

28 Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830* (Cambridge, 1988), pp. 71–125; and Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the Eighteenth Century* (Westport, Conn., 1980). Still enormously influential, too, are Michel Foucault, *The Birth of the Clinic,* trans. A. M. Sheridan Smith (New York, 1975); and Erwin Ackerknecht, *Medicine at the Paris Hospital, 1794–1848* (Baltimore, 1967), both of which argue the case for radical discontinuity.

29 Porter, "William Hunter"; Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin, 1984), pp. 9–28; and M. Jeanne Peterson, *The Medical Profession in Mid-Victorian London* (Berkeley, 1978), pp. 5–30, which invokes the traditional hierarchical division of the "medical profession" between physicians, surgeons, and apothecaries, but nonetheless describes the breakdown of this hierarchy during the early nineteenth century.

essential characteristic of the modern professions is not their legal monopolies over prescribed forms of social practice, nor their requirement for advanced education, nor their largely self-regulating structures. More than anything else, modern professions such as medicine are distinguished by their possession of scientifically validated theory from which they claim to derive concrete practices.[30] What allows those professionals to speak and practice as "experts" is nothing other than the explicit or implicit reference of their statements or actions to a coherent body of theoretical doctrine validated according to the norms of scientific practice.

The relationship between knowledge and the kind of power manifested in professional practices has been analyzed by a number of scholars, most famously by Michel Foucault in *Discipline and Punish*.[31] But Foucault did not translate his analysis of "discipline" into the social categories of the modern professions, nor did he or more recent commentators indicate the necessity of creating a link between theory and practice *in discourse* as the crucial element of professional identity. Yet I believe the discursive quality of the link is crucial. If modern professions such as medicine have authority and deploy a certain power through their practices, it is not merely because under the glare of critical scrutiny scientific theory turns out to be useful in the exercise of power. The authority and social status of professions derives instead from their deployment of an explicit, discursive linkage between theory and practice, and from the high valuation that our society places on the linkage.[32]

The ubiquity of theory-practice discourse today in medicine and other professions makes it easy for us to overlook the fact that the linkage is of relatively recent invention. German physicians in 1750 did not see themselves as scientific experts, and their education made little attempt to base therapeutic doctrines on theoretical principles. Moreover, when confronted by an Enlightenment ideology demanding a demonstration of the practical utility of their theories, physicians reacted in a complex way. They adopted stances that aligned them with the utilitarian advocates of social progress, but they also defended the social status derived from their command of esoteric and ancient knowledge. Ultimately, the tensions introduced

30 Not every profession makes such claims, of course. The law is a striking exception to this general pattern, which deserves more careful scrutiny from a comparative perspective than it has hitherto received. But even allowing for the exceptions provided by the law and other non science-based professions, there are a large number of professions that do claim to have a scientifically validated practice.

31 Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York, 1977). For commentaries on how Foucault's ideas apply to the professions, see Jan Goldstein, "Foucault among the Sociologists: The 'Disciplines' and the History of the Professions," *History and Theory* 23 (1984): 170–92; and Magali Sarfatti Larson, "In the Matter of Experts and Professionals, or How Impossible It Is to Leave Nothing Unsaid," in Torstendahl and Burrage, *The Formation of the Professions*, pp. 24–50.

32 I have argued this point more extensively in Thomas Broman, "Rethinking Professionalization: Theory, Practice and Professional Identity in Eighteenth-Century German Medicine," *The Journal of Modern History* 67 (1995): 835–72.

into professional identity by Enlightenment ideology were revealed in the 1790s by Brunonianism, a medical movement advocating the radical union of theory and practice. The uproar created by Brunonianism demonstrates beyond any doubt just how novel and threatening theory-practice discourses were at that time.

The second major perspective that informs this story is provided by the public sphere. The last decades of the eighteenth century marked the emergence in German-speaking Europe of what Jürgen Habermas described more than thirty years ago as the bourgeois public sphere, an arena of cultural activity where private individuals sought to speak for a "public" by defining objective standards of reason and taste. One of the most distinctive features of this new public sphere, and one of paramount importance for my story, is the emergence of the peculiarly modern institution of "criticism," embodied in new review periodicals and justified in the Enlightenment's appeal to the universality of reason.[33] Taking their cue from Habermas himself, most scholars of the eighteenth-century public sphere have interpreted criticism as the manifestation of a new kind of political discourse.[34] Yet the ramifications of the public sphere extended well beyond politics. As will become apparent in the discussion of *Naturphilosophie,* the practice of criticism also fundamentally reshaped the way that German intellectuals talked about nature, whether in the guise of natural philosophy or medicine. Furthermore, the creation of the public sphere gave physicians and other intellectuals an opportunity to conceive of their various social roles in new ways. Brunonianism and *Naturphilosophie* were as much debates over the nature of the medical profession and its place in the public sphere as over particular medical and scientific theories.

As I will show in the following narrative, the development of the public sphere played a uniquely important role in the evolution of the medical profession and the German universities between 1750 and 1820. It represented a new level of cultural self-awareness; in fact, it might not be too much of an exaggeration to say that the public sphere introduced the idea of "culture" as such into considerations

33 Jürgen Habermas, *The Structural Transformation of the Public Sphere,* trans. Thomas Burger with Frederick Lawrence (Cambridge, Mass., 1989), esp. pp. 14–56. See also Klaus Berghahn, "From Classicist to Classical Literary Criticism, 1730-1806," in *A History of German Literary Criticism,* ed. Peter Uwe Hohendahl (Lincoln, Neb., 1988), pp. 13–98. The wellspring for scholarship on the emergence of writers and the public sphere is Hans Gerth, *Bürgerliche Intelligenz um 1800: Zur Soziologie des deutschen Frühliberalismus* (Göttingen, 1976), originally published as a doctoral dissertation in 1935. For a recent critical appreciation of Habermas, see Anthony La Vopa, "Conceiving a Public: Ideas and Society in Eighteenth-Century Europe," *The Journal of Modern History* 64 (1992): 79–116.

34 See Keith Michael Baker, "Public Opinion as Political Invention," in idem, *Inventing the French Revolution: Essays on French Political Culture in the Eighteenth Century* (Cambridge, 1990) pp. 167–99; Roger Chartier, "The Public Sphere and Public Opinion," in idem, *The Cultural Origins of the French Revolution,* trans. Lydia G. Cochrane (Durham, N.C., 1991), pp. 20–37; Dena Goodman, *The Republic of Letters: A Cultural History of the French Enlightenment* (Ithaca, N.Y., 1994); and Hans Erich Bödeker, "Journals and Public Opinion: The Politicization of the German Enlightenment in the Second Half of the Eighteenth Century," in *The Transformation of Political Culture: England and Germany in the Eighteenth Century,* ed. Eckhart Hellmuth (Oxford, 1990), pp. 423–45. An excellent collection of essays on the public sphere that emphasizes its function in political discourse is *Habermas and the Public Sphere,* ed. Craig Calhoun (Cambridge, Mass., 1992).

of art, literature, and science.[35] This new understanding of culture would have important consequences for medicine and medical education, as we shall see. But perhaps even more intriguingly, I suspect that the emergence of the public sphere was a necessary condition for the articulation of the theory-practice discourse discussed above. After all, Brunonianism advocated the same vision of medicine as a scientific practice that would become the hallmark of the modern professions, and the debate over Brunonianism was an intensely public one. It would of course be overly simplistic – and certainly premature, based on the evidence presented in this book – to claim that the formation of the public sphere was uniquely or even primarily responsible for such a change. Yet I must confess that I find this possibility enormously attractive, even if the case for it cannot be made fully convincing at present.

35 Speaking about the eighteenth-century public sphere, Habermas claimed that "the fully developed bourgeois public sphere was based on the fictitious identity of the two roles assumed by the privatized individuals who came together to form a public: the role of property owners and the role of human beings pure and simple." As Habermas shows, this identity had two consequences. First, it allowed private individuals to defend their interests as property owners under the guise of speaking for "humanity" in general. Second, the experience of bourgeois family life, which Habermas labeled the "intimate sphere" in contrast to the "sphere of civil society," became the source for many of the values that would inform public debates over culture. Here again, the seeming universality of family life and its separation from the economic transactions of civil society made it possible for private individuals to speak about culture in the public sphere as if speaking for humanity, instead of from a narrowly bourgeois standpoint. Habermas, *Structural Transformation of the Public Sphere,* pp. 43–56.